

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/088778** FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1	1			
3	2		1			
4	2		1			
5	2		1			
6	2		1			
7			1			
8	1		1			
9	1		1			
10	1		1			
11	1		1			
12	1		1			
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48						
49						
50						
TOTAL IND.			1			
TOTAL DEP.		10				
TOTAL CLAIMS		11				

*	IND.	DEP.	*	IND.	DEP.	*
51						
52						
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96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell  
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